Dental Core Training: The Trainee Perspective

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In Brief:

1. Yields an in-depth appreciation and understanding of the first-hand motivations and experiences of DCTs across the United Kingdom
2. Demonstrates the value of DCT for individuals looking to pursue specialty training, skill enhancement prior to returning to general practice or for those unsure on their future career plans
3. Highlights the importance of key influential factors affecting choice of training location and specialty for all stakeholders

Abstract

Dental Core Training is a postgraduate training period, eligible following successful completion of foundation/vocational training, that has multiple entry points and endpoints with a varied duration from one to three years. The introduction of National Recruitment in 2017, away from a previous individual, Deanery-led process, has introduced new variables such as a ranking-system for preferencing training posts, with the outcome dependent on combined performance at interview and a situational judgement test for which competition is nationally against other applicants.

This unique, trainee-led study provides an appreciation and understanding of the motivations and experiences of trainees who pursue Dental Core Training, such as the rationale behind location and specialty choice, perception of National Recruitment and the situational judgement test and influence of salary variation alongside trainee perceptions and experiences of the training programme from inside the trainee perspective. Undertaking Dental Core Training is not a "forever decision" and will stand the trainee in good stead in pursuit of specialty training or a return to general practice, with a wide variety of opportunities that can lead to fulfilling and a rewarding career pathway for enthusiastic dentists.

Introduction

In 2013, the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) phased out "Dental Foundation Year 2" (DF2), "Dental SHO" (Senior House Officer), and "Dental Career Development" posts and introduced Dental Core Training (DCT).[1] Prior to 2016, there had been no formal DCT Curriculum in place, with design of previous posts based on an *ad hoc* basis.[2a]

Dental Core Training is a period of postgraduate training and development between Foundation (Vocational in Scotland) and Specialty Training for some dentists or an additional period of training for dentists to develop additional competences and exit into Primary Dental Care (General Dental Service, Community Dental Services and Public Dental Services), hospital posts or other possible career options.[2a,3] As such, it is a training period that has multiple entry points and endpoints and a varied duration from one to three years.[2a]

The first year (DCT1) is designed to allow recent graduates to build upon the knowledge, skills, attitudes and behaviours learnt and developed in dental school and Dental Foundation Training. In addition, it gives the recent graduate the opportunity to decide upon their preferred career pathway.[2a] The second and third years (DCT2/3) are predominantly designed for those keen to pursue specialty training. As such, the training is designed to be less "broad-based" than the DCT1 year with more focus on specialty experience.[2a] It does, however, also benefit those who aim to become general dental practitioners with specific interests and enhanced skills.[2a] The DCT recruitment pathway is outlined in Figure 1.

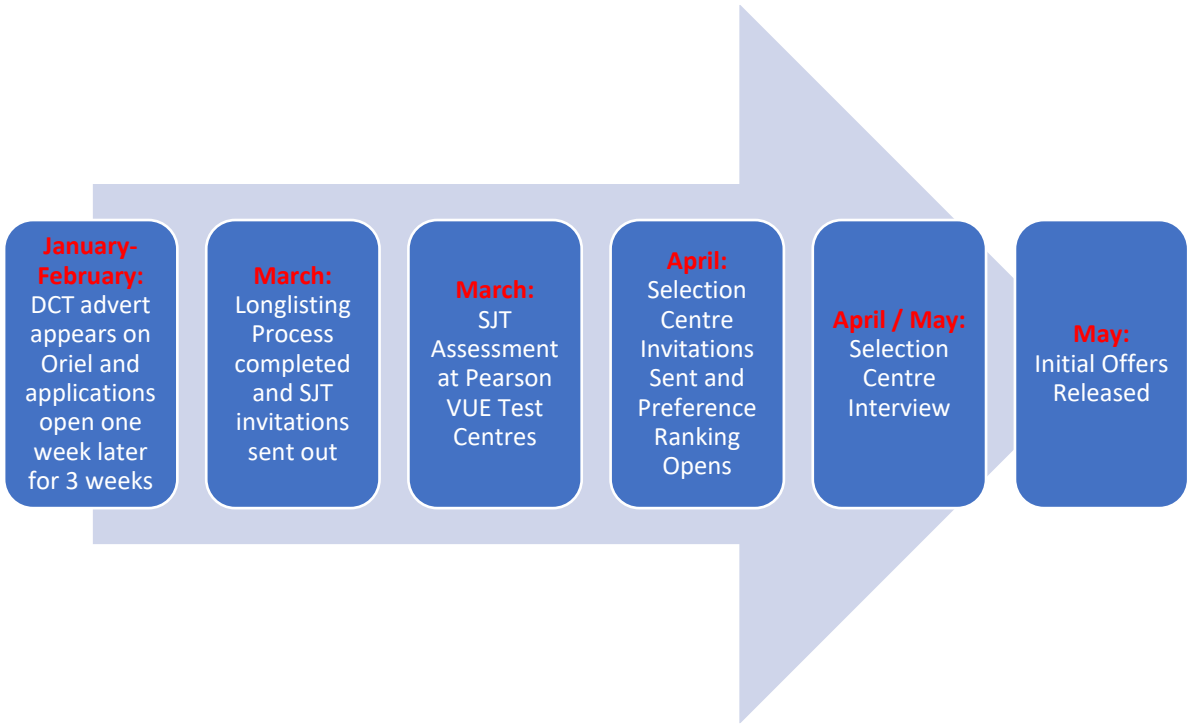

Figure 1 – DCT National Recruitment Process

Dentists who wish to pursue any of the specialist dental training pathways, require a minimum of 2-years DCT (or equivalent) as a prerequisite for entry to speciality training.[4] DCT

occurs prior to entry to specialty training and does not lead to run through training in the specialties. It is most often a standalone period of training with a number of exits into different career choices.[2a]

Whilst there are 13 different dental specialities recognised by the GDC, the majority have small numbers of trainees in post at any one time. It has been calculated that on average, the number of dentists needed to enter specialty training in the UK is in the order of 100/ annum.[2a] In addition, some specialities are far more popular than others and for these, competition to enter is fierce.

Previous published research into Dental Core Training has primarily been focused on Oral and Maxillofacial Surgery training, with other studies looking at surgical skills amongst junior dentists and more recently into Longitudinal Dental Foundation Training.[1,4,19,25,29] At the time of this research conception and submission, there had been no published UK-wide research into dental core training led uniquely by trainees, giving rise to this study.

Aims

To gain an appreciation for and enhanced understanding of:

- The motivations and experiences of DCTs across **Years** 1-3
- The type of trainee who undertakes DCT
- The factors which influence choice of location and specialty for DCTs
- The perceptions of variable factors and constituents within the process

Materials and Methods

Questionnaire Design

The questionnaire was developed based on previous literature from various educational bodies and their end of year feedback vignettes.[1,4,6,9,18] These were adapted for our specific educational research aims. The research team discussed several iterations of the questionnaire before a consensus was agreed upon.

The questionnaire was piloted for content and face validity amongst DCTs and StRs working within Edinburgh Dental Institute. Trainees who had never undertaken dental core training were not involved in the piloting process. Amendments were made to the layout and sequencing of the questions as a result of this process. **Appendix 1 contains the questionnaire in full.**

Questionnaire Content

Demographics including current training grade, whether or not they had accepted a training post for the next academic year, if they were exiting the DCT process after the year (and if yes, the reasoning) were collected anonymously.

Open and closed questions were used to elicit responses from the cohort. Questions relating to posts in OMFS, MFDS/MJDF examinations, whether or not they had been offered training positions in their specialty and locale of choice and the main purpose of their DCT experience were used to explore the attitudes of the cohort.

Questions relating to opinions of the Situational Judgement Test (SJT), timing of national recruitment, importance of application to specialty training, the purpose of their DCT experience, preparedness to accept a post in any location, influence of job descriptions on the recruitment website, salary variation etc. were explored using 5-point a Likert scale to identify trainee rationale behind choices (Figure 2).

Figure 2 – Survey Likert Scale Questions

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The Situation Judgement Test (SJT) is fair, representable and realistic of real-life situations	☐	☐	☐	☐	☐
The SJT is beneficial to the application and ranking process	☐	☐	☐	☐	☐
The timing of the national recruitment process is appropriate	☐	☐	☐	☐	☐
There are an appropriate number of stations at the assessment centre which allow all candidates to excel	☐	☐	☐	☐	☐
Possible application to Speciality Training had an effect on the choice of my current/previous/future training post	☐	☐	☐	☐	☐
I am prepared to accept a training post in any given location	☐	☐	☐	☐	☐
Job descriptions on the DCT National Recruitment Office website influenced my preferencing/job choice	☐	☐	☐	☐	☐
Salary variation had an impact on the preference of my location ranking	☐	☐	☐	☐	☐
I have had adequate teaching/learning experiences during my training year	☐	☐	☐	☐	☐
Undertaking a non-funded MSc as part of Speciality Training would deter me from choosing certain training locations	☐	☐	☐	☐	☐
I would be interested in a two-year fixed dental core training post	☐	☐	☐	☐	☐
I would be interested in a 4th year of dental core training [DCT]	☐	☐	☐	☐	☐

Participants were then finally invited to provide any other information they felt appropriate regarding their training experience in a final free-text comment box.

Sample

A sampling frame was established to identify the target population. The target sample was restricted to dental core trainees either currently in the training pathway or those who have recently **(since 2017 and the introduction of National Recruitment)** undertaken core training in England, Wales, Scotland and Northern Ireland.

An accessible performers list of dental core trainees in the Deaneries of each country does not exist. The survey was independent of the training Deaneries; Health Education England (HEE), NHS Education for Scotland (NES), Northern Ireland Medical and Dental Training Agency (NIMDTA), Wales Deanery and COPDEND. Initial contact with one of the Deaneries indicated that lists could not be made available given the recent changes to GDPR. As such, the study authors made the assumption that the same principle would apply to the other Deaneries. Although a National Training Survey (NTS) is compiled each year, the results of this are not disseminated widely to external parties.[2b]

Questionnaire Distribution

The previously validated questionnaire was uploaded to a well-recognised online survey tool; Online surveys (formerly BOS).[5] Links to the survey were initially circulated via Social Media

(Facebook, WhatsApp and Twitter), emailed to DCT colleagues in other schemes for completion and dissemination to their schemes, via word-of-mouth from speaking to colleagues at conferences, study days and courses and to previous colleagues from prior DCT training posts.

Two weeks prior to study closure, reminders were sent out to colleagues via the same initial methods. Subsequent reminders were not carried out, as these were not likely to generate an impactful increased response rate, and if responses were yielded, an increased probability of response bias was likely.[6,7] An automated 'already completed' response would be generated should the survey detect a second attempt from the same IP address.

Results

A total number of 183 responses were generated from dentists across England, Wales, Scotland and Northern Ireland between July 2019 and October 2019; a breakdown of training grade response is shown in Table 1. All respondents are or were actively involved in DCT.

Table 1 – Respondents

Training Grade	N (%)
DCT1	75 (39.9)
DCT2	60 (32.8)
DCT3	27 (24.8)
Other**	21 (11.5)
Total	183

**Other included: Associates, Speciality Doctors/Dentists, Trust Grade, Staff Grades, LDFT/GPTs

One hundred and twenty-eight (69.95%) of the respondents had accepted training posts for the next academic year at that point in their training; 70 (38.3%) progressing to DCT2 and 31 (16.9%) to DCT3; **a full breakdown is shown in Figure 3**. 72 (39.3%) respondents were exiting the DCT process; the reason for their decision is shown in Table 2.

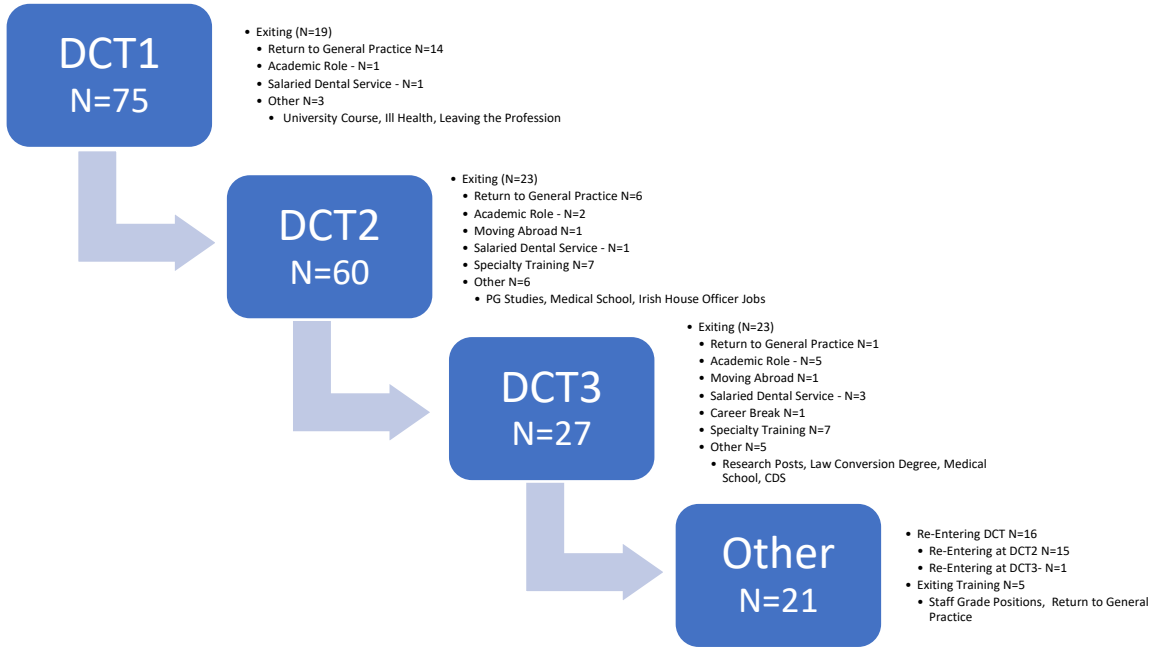

Figure 3 – Flow Diagram of Respondents Continuing or Exiting Training

Table 2 – Rationale for Exiting DCT

Response	N (%)
Return to General Practice	23 (31.9)
Academic Role e.g. Teaching Fellow or Lecturer	8 (11.1)
Moving Abroad	2 (2.7)
Career Break	1 (1.4)
Salaried Dental Service	5 (6.9)
Other	33 (45.8)

'Other' reasons for exiting the process included (but were not limited to) PG Courses e.g. MClinDent/MSc, non-eligibility to continue DCT (following DCT3), entry to medical school, specialty training, research and teaching, law conversion degrees, ill health and leaving the profession.

In total, 163 (89.1%) respondents indicated previous undertaking or intentions to undertake OMFS DCT posts in the future, with 20 (10.9%) showing no previous or future plans to gain OMFS experience.

Overall, 167 (91.8%) respondents had completed both Part 1 and Part 2 of the MJDF/MFDS Examinations, with 13 (7.1%) having only completed Part 1. 2 (1.1%) respondents had not completed Part 1 or Part 2.

One hundred and one (55.2%) respondents obtained a training position in their location of preference, with 39 (21.9%) not getting their first-choice location and 43 (23.5%) not-applicable (N/A). Similarly, 102 respondents (55.7%) gained a training position in their specialty of preference, with 38 (20.8%) not getting their preferred specialty and 43 (23.5%)

N/A. Table 3 is a monohybrid style diagrammatic representation of location vs specialty outcome for the respondents entering their next year of training; DCT and StR.

Table 3 – Preference Outcomes

[redacted]	Location of Preference (N/%)		
Specialty of Preference (N/%)	[redacted]	Yes	No
	Yes	78 (55.7%)	24 (17.1%)
	No	23 (16.4%)	15 (10.7%)

Overall, 56 (30.6%) respondents were using DCT to gain experience/confidence in a specific area before returning to general practice, whilst similarly 23 (12.6%) were using DCT to bridge the gap between Foundation Training and general practice. Eighty-seven (47.5%) respondents were using DCT to build a CV for specialty training and/or further education; furthermore, 62 (71.3%) of these respondents were DCT2 and DCT3. Additionally, 47/75 (62.7%) DCT1s were using DCT to bridge the gap between Foundation years or to gain confidence and experience before returning to practice and of the 19 DCT1s exiting the process, 89.5% were using DCT for these same reasons.

'Other' reasons for undertaking DCT included (but were not limited to) building specific interests and gaining knowledge of multiple pathways within dentistry, gaining an appreciation for specialties prior to StR application, gaining OMFS experience, CV building for general practice and gaining experience of hospital dentistry and to test if they wanted to stay "in the system" or just hone their skills and return to practice.

Figure 4-15 shows the responses to the questions posed in *Figure 2*. Whilst 47.6% of respondents felt that the SJT was beneficial to the application and ranking process, only 9.3% felt that it was fair, representable and realistic of real-life situations. Although 83.6% felt that the timing of the National Recruitment process is appropriate as it stands currently, more than half (50.8%) of respondents felt that there was an inappropriate number of stations at the assessment centre which allowed all candidates to excel. Over two thirds (69.4%) had possible speciality training in mind when choosing their current, previous or future training posts. In total, 53% were prepared to accept a training position in any given location, with a considerable proportion of 41.5% more closed regarding their option of training location. A third (33.3%) of respondents took salary into serious consideration when preferencing their location ranking, although 30.1% were neutral regarding pay affecting how they preferenced jobs. Overall, 36.1-39.4% of respondents felt that they had inadequate teaching and learning experiences during their training year, although conversely 30.6-38.3% felt they had sufficient academic exposure in their posts. Undertaking a non-funded Masters degree as part of StR training would dissuade 45.4% from choosing certain training locations whilst 38.8% of respondents indicated it wouldn't form part of their decision-making process.

NB – Figures 4-15 should be presented much smaller approximately 12 to one page, landscape; 4x3

Figure 4

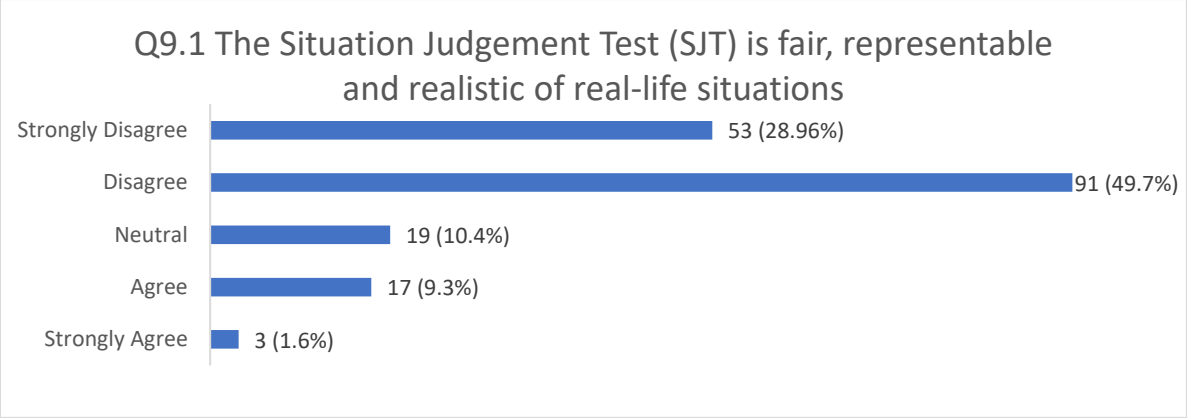

Figure 5

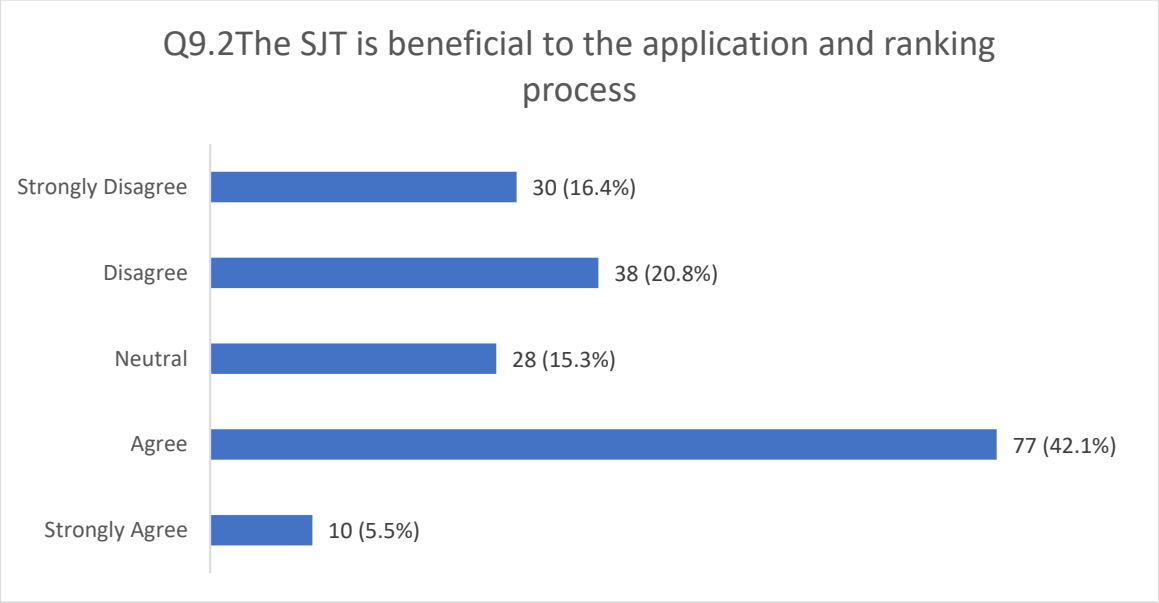

Figure 6

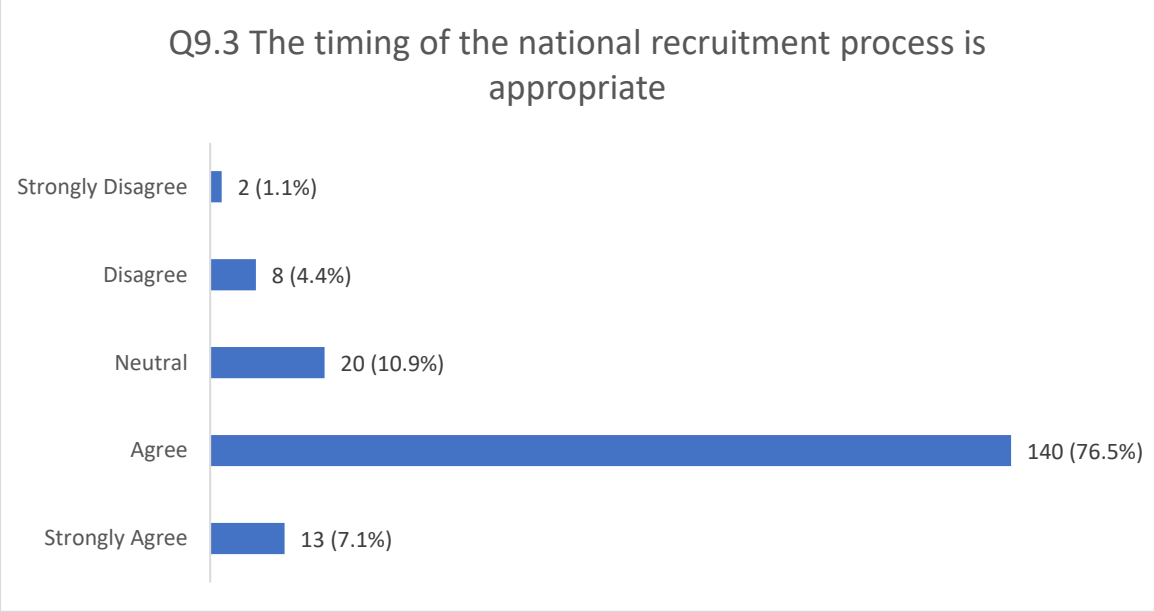

Figure 7

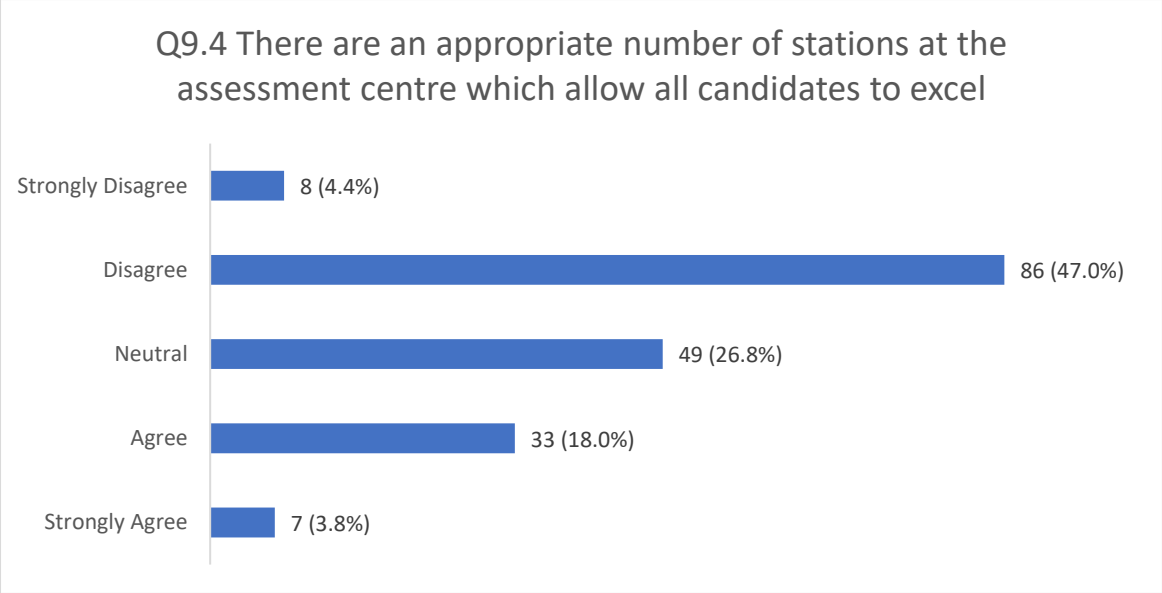

Figure 8

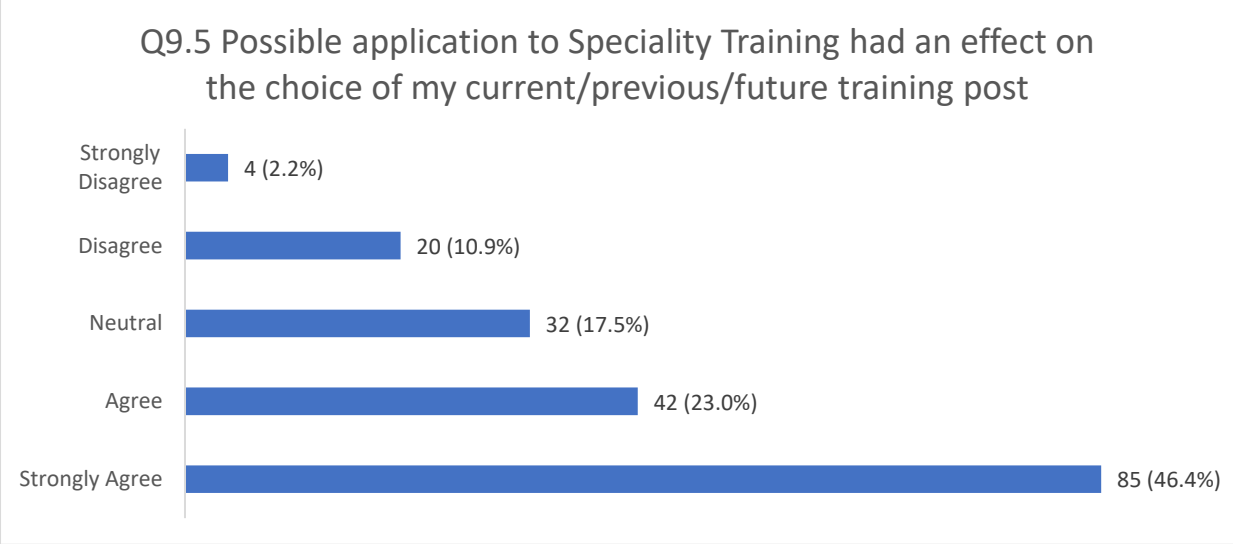

Figure 9

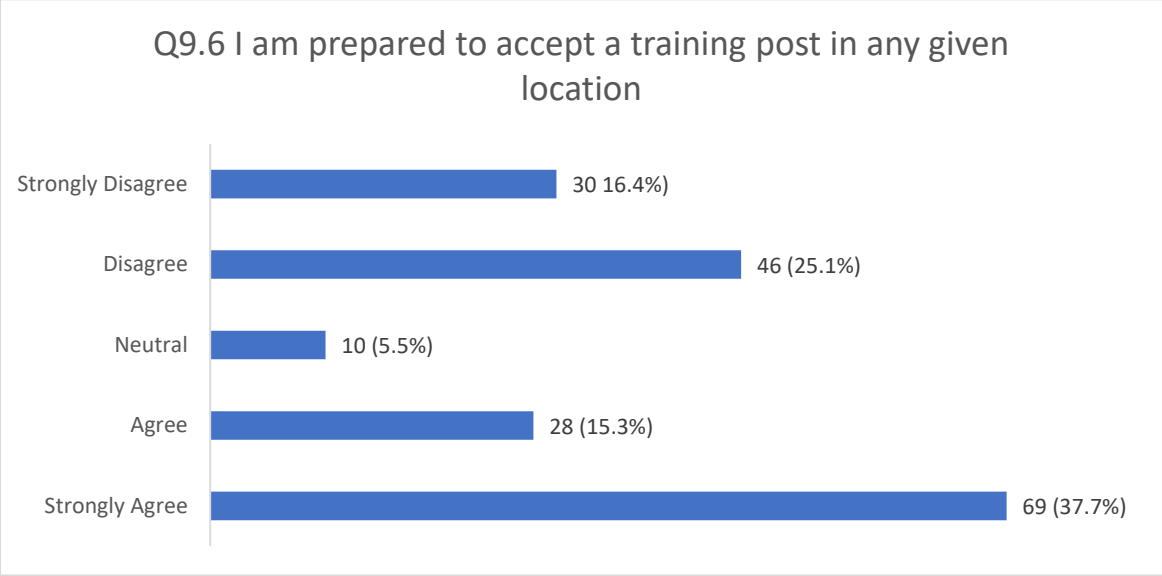

Figure 10

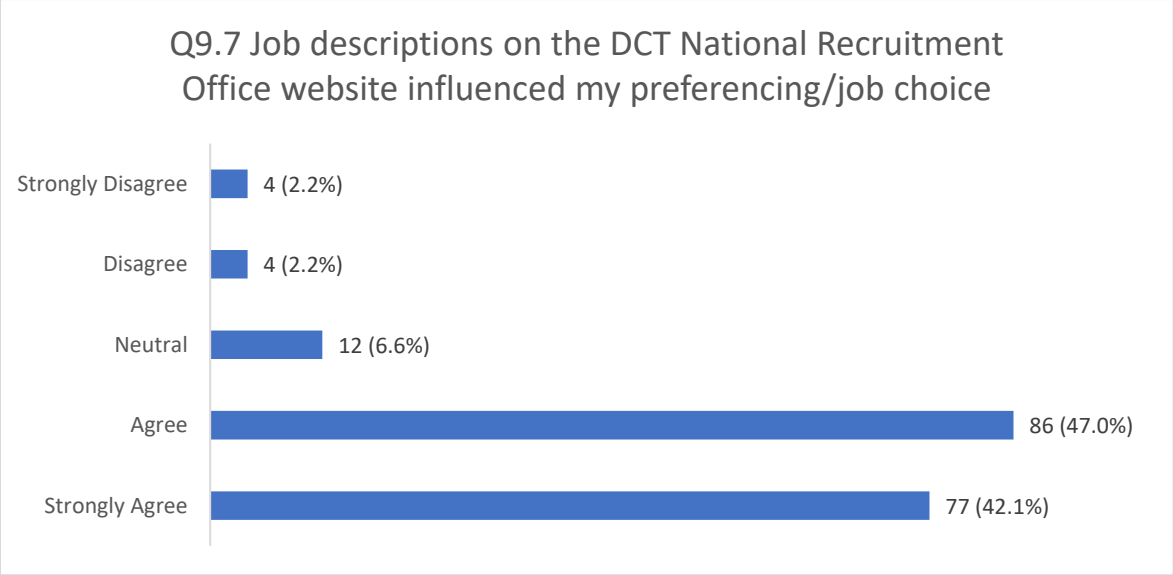

Figure 11

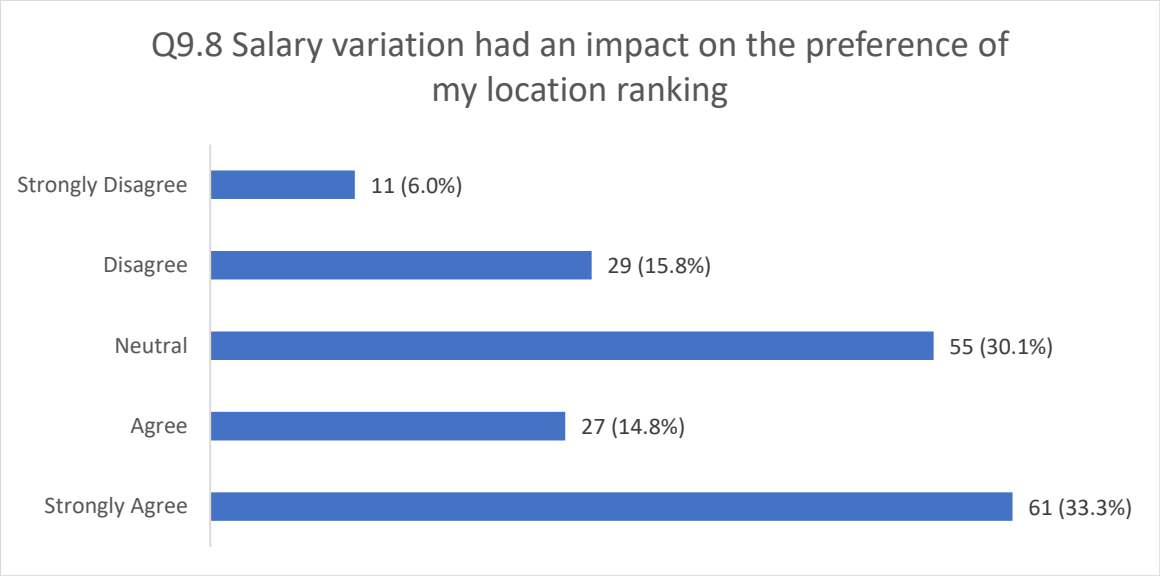

Figure 12

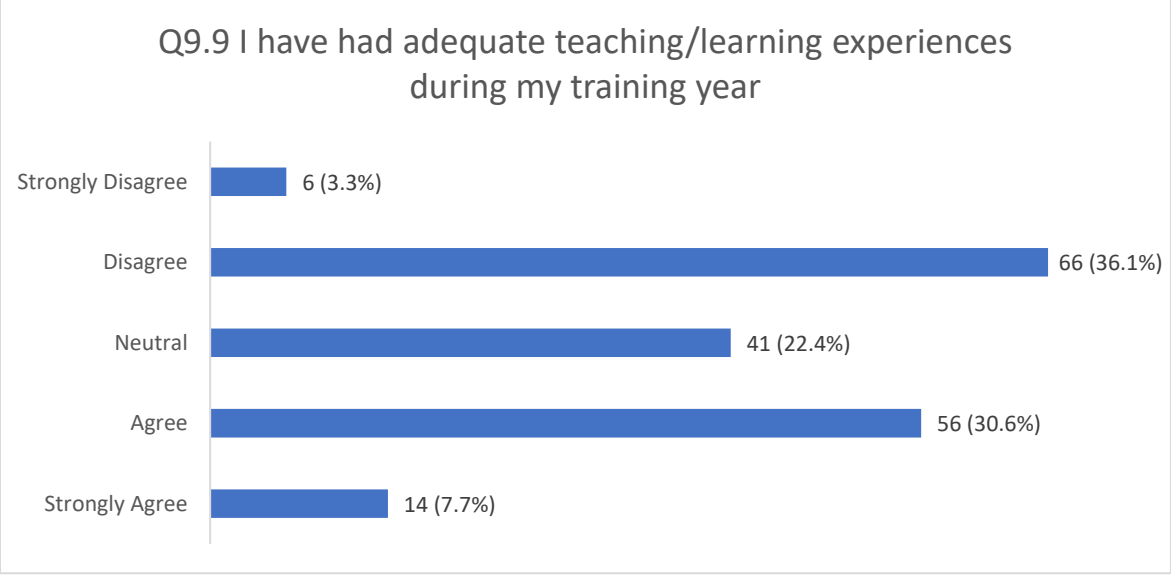

Figure 13

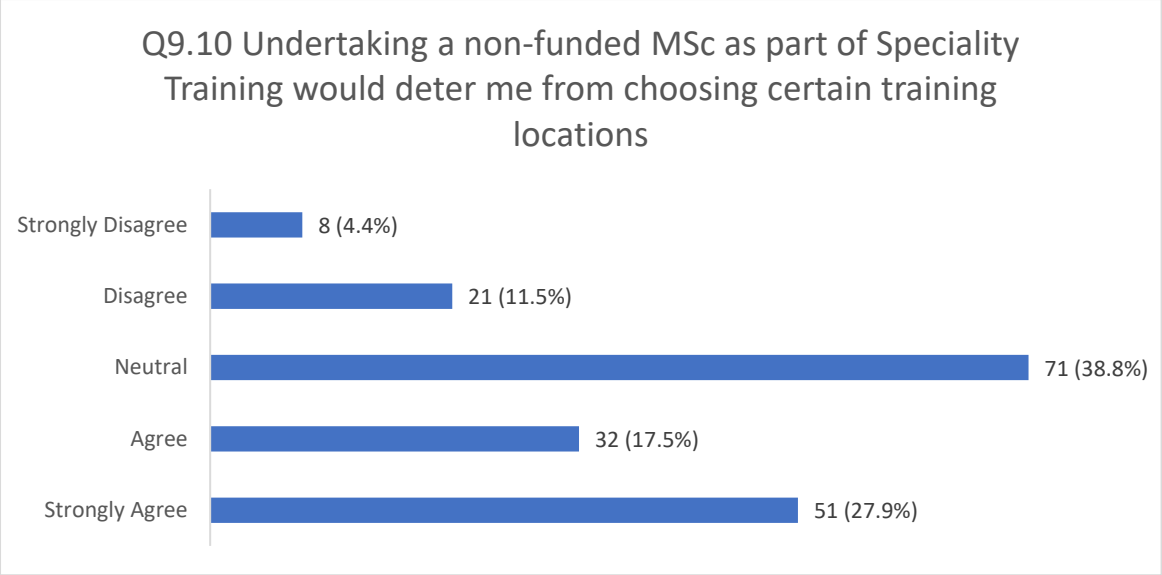

Figure 14

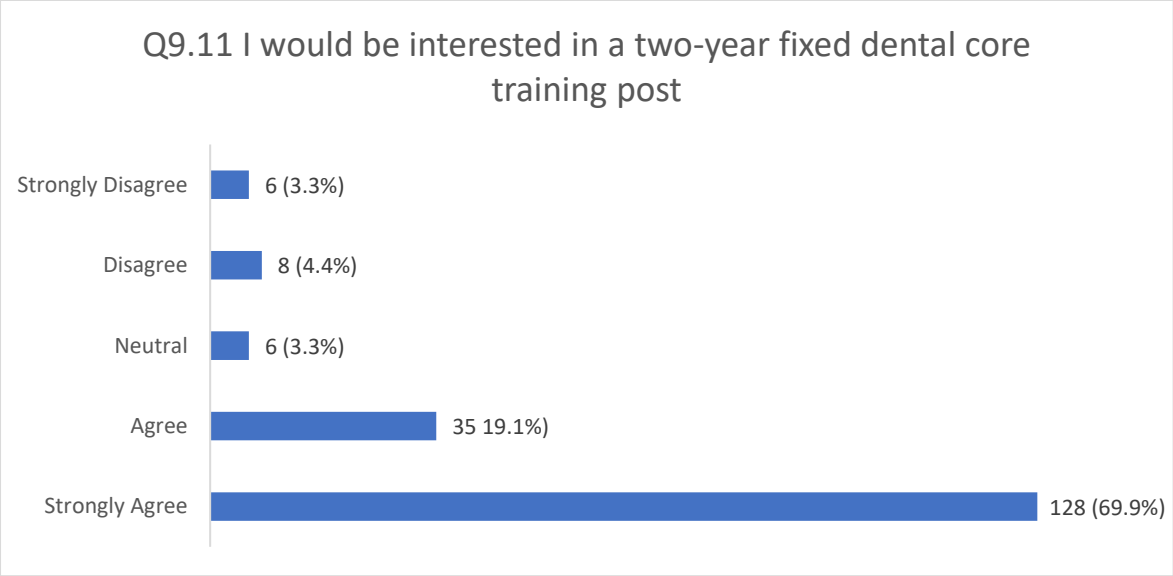

Figure 15

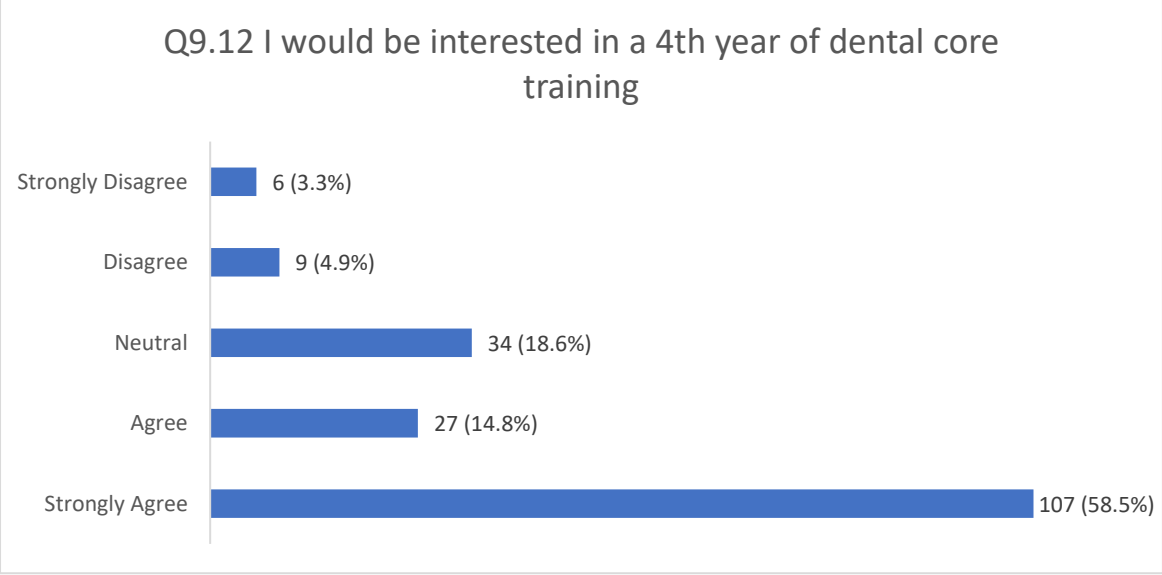

Table 4 - A compilation of a random selection of free-text responses that trainees gave regarding their training experience.

Trainee Reflection on Training Experience
Very good for understanding the hospital system of urgent referrals and makes you a well-rounded practitioner regardless if going back to practice or deciding to specialise
Dental Core Training gives you a great opportunity to gain confidence, explore different specialities, and obtain an insight into a hospital setting. I think that every dentist should have to complete 1-year OMFS after graduating
The only drawback of DCT for me was the imbalance in luck of getting a position in a centre which undertook lots of research versus one where there were no options for this
There are not enough stations at DCT interviews; just compare this with StR, and how there are more stations to better discriminate candidates
Location choice can be difficult due to more mature CTs having family and this limiting choice of where you can apply to and therefore speciality also
Northern Ireland salary disparity is unfair and a deterrent to some applicants
In my experience most DCT roles are service provision rather than training roles. More value needs to be placed on developing and training DCTs. Any resulting gaps in service provision could be filled by clinical fellow roles, which would give those aiming for specialty care more opportunities and experience within their chosen specialty before entering specialty training
I feel for DCT3, it shouldn't be based on National Recruitment because you can excel more if you are able to stay in the region due to contacts previously built up, it's like DCT3 in a new location is back to dct1

Discussion

To our knowledge, this is the only DCT-wide, by trainee-for trainee study that encompasses all four countries of the United Kingdom. A significant rise in the number of dentists entering hospital posts following completion of Foundation Training has been observed, making it a highly competitive process.[8,9] A single, National Recruitment selection process for DCT was introduced in 2017, which sees applicants placed in a ranking system, whereby their final position and therefore training location is based on their combined score from the selection centre stations and the Situational Judgement Test (SJT). This allows candidates to attend one of five single national selection centres (London, Newcastle, Edinburgh, Bristol or Leicester) as opposed to the requirement to attend multiple interviews in the previous Deanery-led system.[11,12]

Situational Judgement Test

Following successful implementation of the SJT into DFT Recruitment,[13] candidates are therefore aware of the nuances prior to undertaking a second SJT for DCT.[12] Alongside the stations listed in *Table 5*, the SJT forms an equal weighting of an applicant's final score, i.e. 25%.[12] The SJT is designed to test non-academic attributes such as appraisal and decision-making, coping with pressure, critical thinking, professionalism and patient-centred care.[8, 12] Previous stakeholder concern of the SJT have been declared[14] and although nearly half of all respondents (47.6%) felt the SJT was beneficial to the process, 91.7% felt it was not fair, realistic and representative of real-life situations, with one respondent commenting "*The SJT doesn't feel valuable to the process at all, given that a majority of the situations have never*

and would never arise". Evidence indicates that the SJT best discriminates candidates towards the 'bottom end' of the distribution, suggesting it may be better used to 'select out' candidates from the earlier stages of the process, much akin to the way that Medical and Dental schools use the University Clinical Aptitude Test (UCAT) and BioMedical Aptitude Test (BMAT) as a large factor in deciding who makes it to interview.[15,16,17]

Table 5 – Weighted order of stations (in the event of tied rankings)[12]

Station
1. Clinical Scenario
2. Clinical Communication
3. Situational Judgement Test
4. Quality Improvement and Teaching (DCT1 only) OR Evidence and Suitability (DCT2/3 only)

In a general sense, DCT is pursued by dentists who fall into one of three demographics; those who want to gain experience prior to returning to general practice, those who wish to enter specialty training and those who are unsure of what direction they wish to take following DFT/VT.[18] Nearly a third (31.9%) of respondents exiting the process following their training year were returning to general practice. As DCT exists as a training period that has multiple entry and endpoints alongside a varied duration from one to three years, this flexibility facilitates a return to the process at a point in the future, should they so wish it.[2a] This further embodies the data we collected as nearly half (45.4%) of all respondents were using DCT to gain experience in a certain area and bridge the gap between DFT/VT and general practice, with 69.4% of respondents having potential StR training in mind at some point in the future when choosing their current, previous and future DCT posts.

Oral and Maxillofacial Surgery

Oral and Maxillofacial Surgery (OMFS) comprise the majority of posts available across DCT.[1,4] Structured engagement in OMFS allows DCTs to gain exposure to, and supervised management of, complex medical and dental issues; although recognised in Europe as a medical specialty, work delegated to DCTs should be suitable for a singly-qualified dentist to undertake.[4] Overall, 89.1% of respondents have previously undertaken or plan to undertake OMFS DCT at some point in the future, highlighting DCTs greatly value their learning experiences in hospital settings, especially with regards to ward, theatre and outpatient clinic based teaching.[19,20,21,22,23] One study found a statistically significant increase in surgical confidence occurs when DCTs undertake an OMFS DCT rotation, showing these posts have clear merit, alongside the reduction of unnecessary referrals from dentists to secondary care.[24] For some DCTs however, these OMFS-based roles were perceived as daunting, with concern expressed around working in a medical environment as well as the associated on-call and ward duties.[25] Having just recently strengthened their clinical skills within Foundation Training, some respondents were concerned regarding the possibility of 'deskilling' and the ability to then transition back into practice; the literature however has shown this to be unfounded, with participants in LDFT and GPT schemes actually highlighting the benefit of simultaneously working in both practice and hospital posts.[18,21,25]

Post-Graduate Examinations

The MFDS/MJDF/MFD post-graduate, diploma-level qualifications present DCTs with the perfect opportunity for further academic achievement, as the syllabus for the exams is based on the Foundation and Core Training Curricula; therefore a large part of the knowledge and experience necessary for the exams is acquired during Foundation and Core Training;[26] only 1.1% of respondents had not completed Part 1 or Part 2. These can benefit hospital-based dentists wishing to specialise (although not mandatory) and improve their practice as well as career prospects, as they gain further points in DCT/StR recruitment from possessing additional post-graduate qualifications.[12,27] Achieving one of these diplomas confirms that you have gained the standard and level of experience expected after two years of full-time training.[26,27]

Geography and Location of Posts

Geography is a key influencing factor when preferencing DCT posts.[18,25] Introduction of National Recruitment into DCT means that, whilst applicants are able to rank the locations of their preferred posts, should they not rank high enough, they may be offered a job in a location (and/or speciality) that is not their first choice.[26] Whilst 55.1% of respondents gained their first choice location, only 53% were prepared to accept a training position in any given location, with over two-fifths (41.5%) citing location as a pivotal factor in not accepting a training post. Financial, relationships (both professional and personal) and familial commitments relating to geographical factors can override other factors for some trainees.[18] Post-graduate dental trainees have shown a propensity for a Deanery region near their dental school of undergraduate training with a COPDEND survey reporting 66.7% of Liverpool University graduates constituting the Mersey DFT schemes, 80.8% of Yorkshire DFTs graduating from Leeds and Sheffield and 87.1% of Newcastle University graduates constituting the North East DFT Schemes (including GPT);[28] one respondent noted the benefit of remaining in a single location as locational changes may affect training where new senior staff are (at first) unfamiliar with the skill-level of the incoming trainee, stating '*it's like DCT3 in a new location is back to DCT1'*.

Undergoing even one year of DCT provides an opportunity to branch-out and experience a specialty never previously considered, with 55.7% of respondents gaining their first-choice post. Trying new experiences under the supervision of senior specialists allows the development of new skills alongside highlighting the drawbacks of any potential planned career pathways.[26,29] DCT3 aims to enhance these skills and prepare trainees for specialty training, with over two thirds (69.4%) had possible speciality training in mind when choosing their current, previous or future training posts.[18] There also exists however, a growing proportion of undergraduates who feel they already know which specialty career they wish to pursue and DCT (including LDFT and GPT) facilitates this.[18,30]

DCT Interviews and Training Post Information

Interviews for all DCT **years** are held across a one-week period. Longlisting is determined by the criteria within the DCT Person Specification and longlisted applicants will be invited to attend one of the five national selection centres - there is no shortlisting for DCT.[10,12,31] Whilst 83.6% of respondents felt the timing of National Recruitment was appropriate, there exists a growing concern that as opposed to DFT Interviews where scenarios vary from day-to-day, the DCT scenarios do not change, meaning applicants who interview later in the week may be at an advantage; applicants for DCT1 will all be asked the same questions, whilst DCT2/3 are

also asked the same scenarios - separate scenarios for DCT3 do not exist. Statistical analysis of last years' results showed no difference in outcomes on the different days of recruitment.[18,31] Over half the respondents (50.8%) felt that there were an inadequate amount of stations that allowed all candidates to excel, with no clinical skills being tested and a '*heavy focus on OMFS related scenarios*.'

Information about available posts is available on the DCT National Recruitment Office website[12] and only 4.4% of respondents didn't take job descriptions on the DCT National Recruitment Office website into account when job preferencing, with 89.1% indicating use of online information to aid their ranking choice. Respondents however reported significant previous variation between the job advertised and job being offered in some locales with possible "glassing over to get recruits in" being carried out by some hospitals.[18] Our findings are in-line with the current literature which suggests peer influence also playing a key-role as well as reputation and feedback from current-post trainees.[18,25]

Salary

DCT posts are salaried, allowing a fixed, continuous income and the freedom to provide treatment without the burden of financial limitation for the patient.[26] Uniform salary scales however do not exist, and salary varies across the UK – Table 6 details the basic DCT pay scale in England, Wales, Northern Ireland and Scotland for 2018/19.[32,33,34,35]

Table 6 – DCT Basic Pay 2018/19

	Basic Pay Scale (£)			
	England	Wales	Scotland	Northern Ireland
DCT1	37,191	33,199	35,715	28,641
DCT2	37,191	35,199	36,174	30,513
DCT3	47,132	37,038	38,152	32,386

Overall, 48.1% of respondents took salary variation into consideration during preferencing. When compared to associate earning potential in general practice, DCT remuneration is often considerably lower; financial considerations such as student loan debt, family support and saving for the future, may influence whether taking on a DCT post is worth the potential loss of earnings.[26] Two respondents noted "*Northern Ireland salary disparity is unfair and a deterrent to some applicants"* and "*It's not financially viable to work in Scotland compared to England*."

Training Opportunities

As most dental undergraduates progress into NHS posts involving further postgraduate training[36] and with 69.4% of respondents taking future StR application into consideration when choosing training posts, it is essential that these DCT posts give the opportunity to conduct audit, QI, research, presentations and publications - essential for specialty training applications.[26] The need for quality in the education of doctors and dentists in training has been highlighted continuously in the literature, however, increasing requirements for service provision can impact on the provision of clinical teaching with 39.4% of respondents feeling they had inadequate teaching/learning experiences throughout their training year.[18,19]

September 2016 saw the phasing-out of DCT posts at DCT4 or higher with development of additional competences or experience after DCT3 expected to be in either specialty training or trust service posts.[2a] Regional leads have noted the service implications of late changes and unfilled DCT posts with increasing pressure on filling posts in certain geographical areas.[18] For those DCT3s unsuccessful in securing an StR post and not wishing a return to practice, a possible 'mop-up' of those jobs in an *ad-hoc* DCT4 post appears a worthwhile concept, prior to release of the jobs for Staff/Trust Grade positions, with 73.3% of respondents expressing interest in a 4th year of DCT.

Two-year DCT-only posts currently exist in Scotland, as opposed to the highly desireable LDFT/GTP posts that only exist in the Leeds and Newcastle Deaneries, 89% of respondents indicated an interest in a two-year fixed DCT post.[25,29,31,36] The two-year posts give the same experience as a DCT1 and DCT2 post but will give the postholder stability in knowing their location of training for two years,[31] as some applicants are discouraged from applying to DCT with concern around potential change in location, with many not liking the idea of potential annual relocation.[25] **Academic year 2019/20 will see Scotland debut two-year fixed DCT posts for the first time.[31]** Our results also reflect the current literature with respondents calling for more exposure to community service DCT posts, which they feel would be best suited across a two-year programme.[18,29]

Strengths and Limitations

Whilst the results reported relate to 183 responders, one of the study limitations related to the lack of detail and potential access to and responses from all DCTs; the study authors, however, would contend that the findings of this questionnaire raise some important questions in relation to National Recruitment and trainee perception of the process. The ratio of DCT1-2-3 jobs exists as 5-3.5-1, with our response rate comparable at 2.8-2.2-1; as such, the authors contend that a representative sample of DCTs was obtained from the population sample. **The study sample was not restricted to a specific training year therefore a response rate was calculated. Although limited in our recruitment process, the sample size at 183, however, is directly comparable to a recent HEE-led survey carried out in England which had 181 responses[18], as well as a study looking at LDFT which had 36 participants.[25,29]**

Our method of sampling, distribution and data collection also means there may be some sampling error and bias. We chose an online survey with inclusion criteria including anyone who had recently undertake DCT, with distribution reliant on email, social media and word-of-mouth with only two reminders sent out to attempt to limit sampling bias. Albeit an online-only survey, we feel this is representative of our demographic as all trainees **involved** will have had the requirement to keep an online portfolio of training **for previous DFT and DCT years, there was therefore no need to give thought to a postal-survey to consider participants who were not 'online'.**

Conclusion

DCT presents invaluable experiences that would not be encountered alone in general practice. As a DCT, the opportunity to work with consultants and those in Speciality training, take part in multi-disciplinary teams and lead and participate in regular teaching sessions/journal clubs can exponentially improve knowledge and skills. It also provides a

perfect career point to consolidate knowledge and undertake well-recognised post-graduate Certificate and Diploma-level qualifications.

We have identified a number of factors which motivate and influence whether dentists choose to undertake a DCT post and further establish the catalysts which encourage trainees to remain in the process after DCT1. **With such discrepancies in salary for example, this prompts a strong suggestion for devolved governments to take action and remediate appropriately.** National Recruitment, whilst receiving a mixed response, removes nepotism from the recruitment process and as a whole may be viewed as an improvement. On balance, DCT it is a very worthwhile process which will benefit all dentists, regardless of their desired career pathway, especially those unsure of their career direction.

Experience of working in a variety of practices can be beneficial for young practitioners, providing them with opportunities to care for populations comprising of different patient demographics. Undertaking DCT is not a "forever decision" and will stand the recently-qualified practitioner in good stead for those wishing to progress to Speciality training or a return to general practice.

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